

MARGIN RESERVED FOR RECORDS.

STATE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANKS FOR EACH CHILD, AND
 FIRST-BORN NO. 1, THE OTHER NO. 2, ETC. IN QUESTION 2.

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Lincolnton
 Inc. Town of _____
 or _____
 City of Gaffney, S.C. (No. 111 Smith St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
664

Registration District No. 100 Registered No. 10
 (For use of Local Registrar)

(2) Full Name of Child _____ (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? _____	(4) Twin or Triplet? _____ To be answered only in event of Twins or Triplets	(5) Number in order of birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 23, 22</u> (State of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Miles Lucian Camp.</u>	(14) NAME BEFORE MARRIAGE <u>Nettie Inez Austel.</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Gaffney S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)
(12) BIRTHPLACE <u>Shoatouning Co. S.C.</u>	(18) OCCUPATION <u>Carpenter & Mechanic</u>	(18) BIRTHPLACE <u>Shoatouning Co. S.C.</u>	(18) OCCUPATION <u>House Wip.</u>
(20) Number of children born to mother, including present birth <u>1</u> <u>7</u>	(21) Number of children of this mother now living, including present birth <u>1</u> <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ M.,
 on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. D. (25) Address of Physician or Midwife Gaffney, S.C.
 (24) State whether Physician or Midwife

Given name added from a supplemental report _____

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 2/1/0 1922 (28) N. F. Smith Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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(29) Filed _____ 19____ (30) _____ Local Registrar